

## FACSIMILE COVER SHEET

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September 19, 2003

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**CENTRAL FAX CENTER**  
SEP 22 2003**OFFICIAL****TO: Examiner Canella (TC1600)****GROUP: 1642****FAX NUMBER: 703-872-9307****ATTORNEY DOCKET NO.: DEX-0087****SERIAL NO.: 09/705,500****FILED: November 3, 2000****NUMBER OF PAGES: 16****MESSAGE:** Attached please find Amendment Transmittal Letter (in duplicate); Reply under 37 C.F.R. 1.111 dated June 19, 2003; and Certificate of Transmission by Facsimile.**Kathleen A. Tyrrell, Registration No. 38,350****URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

\* \* \* \* \*

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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. DEX-0087
Applicant(s): Recipon et al.			
Serial No. 09/705,500	Filing Date November 3, 2000	Examiner Canella, Karen A.	Group Art Unit 1642
Invention: A Novel Method of Diagnosing, Monitoring, Staging, Imaging and Treating Cancer			<b>RECEIVED CENTRAL FAX CENTER SEP 22 2003</b>

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I hereby certify that this \_\_\_\_\_ Reply under 37 C.F.R. 1.111 \_\_\_\_\_  
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Kathleen A. Tyrrell

(Typed or Printed Name of Person Signing Certificate)

Kathleen A. Tyrrell  
(Signature)

Note: Each paper must have its own certificate of mailing.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>DEX-0087</b>
Applicant(s): <b>Recipon et al.</b>			
S rial No. <b>09/705,500</b>	Filing Date <b>November 3, 2000</b>	Examiner <b>Canella, Karen A.</b>	Group Art Unit <b>1642</b>

Invention: **A Novel Method of Diagnosing, Monitoring, Staging, Imaging and Treating Cancer**

TO THE COMMISSIONER FOR PATENTS:

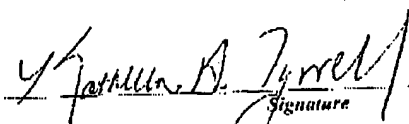
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-1619**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

  
 Signature  
 Kathleen A. Tyrrell, Reg. No. 38,350

Dated: **September 19, 2003**

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